DOCUMENT RESUME

ED 169 400 CG 013 299

AUTHOR Nilsson, David E.; And Others
TITLE Perceptions of Therapist Self-Disclosure: An Analogue Study.
PUB DATE [77]
NOTE 17p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Patterns; College Students; Counseling Effectiveness; *Disclosure; *Helping Relationship; Interviews; Methods; *Perception; Psychotherapy; *Student Attitudes; *Therapists

ABSTRACT

Self-disclosure to a therapist was investigated with 120 female subjects who viewed a video-taped vignette of a simulated psychotherapy session. Therapist self-disclosure was manipulated so that subjects saw a therapist exhibiting no disclosure, interpersonal disclosure, or intrapersonal disclosure. Subjects rated these therapists on a variety of professional dimensions (e.g., competency) and personal dimensions (e.g., likeability). Results revealed that disclosing therapists are liked significantly better than therapists who do not self-disclose, but there was no evidence here, as there has been in previous research, that disclosing therapists are viewed as less competent or less mentally healthy. (Author)

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ED169400

Perceptions of Therapist Self-Disclosure: An Analogue Study

David E. Nilsson

Washington State University

Donald S. Strassberg

Jill Bannon

University of Utah

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Running Head: Therapist Self-Disclosure

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Perceptions of Therapist Self-Disclosure: An Analogue Study

The significance of therapist self-disclosure resides in its prescription by one major school (humanistic) and proscription by another (analytic). The arguments offered for and against therapist self-revelation are generally based on theoretical preferences rather than emperical support. In fact, research to date has yielded rather mixed results, suggesting that the issue is far more complex than previously hypothesized (e.g., Dies & Cohen, 1976). While the results of some studies appear to support the contention that therapist self-disclosure elicits favorable client perceptions of the therapist and facilitates client self-disclosure (e.g., Bundza & Simonson, 1973; Jourard, 1971a), other investigations have raised considerable doubt relative to the advisability of such self revelation on the part of therapists (i.e., Dies and Cohen, 1976; Ehrlich & Graeven, 1971; Vondracek & Vondracek, 1971). Dies & Cohen (1976) have suggested that the observed inconsistencies are, in part, a result of the global broad definition typically given to self-disclosure as a variable. For example, a therapist who reveals his own memories, conflicts, and concerns (intrapersonal self-disclosure) is likely to affect a client very differently than the therapist who discloses his immediate feelings about a client's behavior or his feelings about that particular therapeutic relationship (interpersonal self-disclosure). While both are clearly forms of self-disclosure, they are likely to have very different effects on the process and outcome of therapy.

The present investigation was designed to test several hypotheses relative to "client" responses to several types of therapist self-disclosure. Specifically, three hypotheses were tested: (1) both intra-personal and

interpersonal therapist self-disclosure would evoke more favorable evaluations of therapists than no disclosure; (2) intrapersonal disclosure would evoke more positive evaluations than interpersonal disclosure; (3) subjects would predict greater likelihood of disclosing themselves to disclosing therapists than to nondisclosing therapists. The effects of sex of therapist and client on the above relationships were also assessed, although no formal hypotheses were offered.

METHOD

Subjects

Subjects participating in the study were solicited from undergraduate introductory psychology courses at the University of Utah. A total of 240 subjects were included in the study, 120 males and 120 females. The average age of the sample was approximately 21 years. To minimize the influence of subjects' exposure to formal theories and models of psychotherapy, students having taken psychology coursework beyond introductory psychology were excluded from the sample.

Script, Videotape, and Instrument Preparation

A considerable amount of time was spent developing a script that presented a "client" not so disturbed as to alienate the subjects but yet troubled enough to seek professional help through the counseling center. Achieving independence, a conflict experienced by most college students, was selected as the presenting complaint. The dialogue was developed such that both client and therapist could be presented as either male or female with minor pronoun changes in the script.

Three scripts were prepared, each presenting a different type of therapist disclosure:

1) No Disclosure: Here the therapist revealed virtually no personal information, addressing the client's problems in general terms. The therapist did not directly reveal anything about his/her life or about personal feelings relative to the client. Representative statements include: "I've worked with a number of students in similar situations," and "It seems that many people feel as you do."

2) Interpersonal Disclosure: In this condition the therapist on several occasions shared feelings about the client's problems and/or the therapeutic relationship. For example, "Sometimes I worry that you may misunderstand me and see me as putting you down," or "It does bug me to hear you put yourself down like that."

3) Intrapersonal Disclosure: Here, the therapist offered several personal comments regarding his/her life outside of therapy, with particular reference to experiences that were similar to those being expressed by the client. Examples of this type of disclosure included: "I was always compared to my step-brother. . . .it always seemed that he could do nothing wrong and I could do nothing right," and, "I also used to be quite sensitive to what others, especially my parents, thought about me."

With the exception of the type of therapist self-revelation, the three scripts were carefully edited so as to be as nearly identical as possible. The disclosure manipulation accounted for less than 25% of the therapist dialogue in each script. Client responses to all scripts were kept identical. The total length of therapist and client scripts were also essentially identical across all three types of therapist disclosure.

Using local professional actors and actresses in the roles of therapist and client, a total of 24 ten minute video-tape segments were produced using the three scripts described above. A total of four therapists, two male and

two female, were presented in the role of therapist. Each therapist produced a total of six videotapes: A videotape for each script with a male and a female client. One actor and one actress played the role of client (12 tapes each, three with each of the four therapists). To control for individual therapist characteristics potentially influencing subjects' evaluations (i.e., attractiveness, gestures, facial features), the camera was directed over the shoulder of the therapist toward the client. Care was taken to control such variables as positioning of client and therapist, room arrangement, and camera angle so that each of the 24 tapes was, with the exception of the type of therapist self-disclosure, as nearly identical as possible.

A questionnaire was developed for use in the study whereby subjects could evaluate the therapists presented on videotape across a variety of dimensions, including therapist competency, trustworthiness, warmth, understanding, likeability, and emotional stability. A preliminary analysis of pilot subjects' responses to a preliminary list of items revealed that most of the variance in their responses could be accounted for by 16 of 30 original items. The final form of the questionnaire included only these 16 items. Also included in the questionnaire was a measure of the subjects' self-report of likelihood of disclosure to the therapist presented on the videotape, and several manipulation checks. It was proposed that if after the preliminary analyses of the data there were no significant differences between the subjects' evaluation of the same-sex therapists, the respective cells would be collapsed to form a 3 x 2 x 2 multivariate analysis of variance, changing the four level therapist factor to a two level "sex of therapist" factor, serving to increase the power of the design.

RESULTS

As anticipated, results of a preliminary analysis (MANOVA) of the data

demonstrated no significant differences for subject evaluations of the same-sex therapists. Consequently, the therapist factor was collapsed to become the sex of therapist factor. A total of 16 dependent variables (i.e., questionnaire items) were submitted to the 3 x 2 x 2 multivariate analysis of variance proposed as an alternate design. The results of this analysis revealed a significant affect for the disclosure factor (F = 2.04, df = 23/426, $p < .001$). Six of the 16 dependant variables involved in this analysis yielded univariate F's significant beyond the .05 level (see Table 1). No other main or interaction affect reached statistical significance.

Insert Table 1 about here

Hypotheses

It was predicted that both types of disclosure would elicit more positive evaluations of the therapist than the "no disclosure" condition (Hypothesis 1) and that interpersonal disclosure would elicit more positive evaluations than intrapersonal disclosure (Hypothesis 2). Two orthogonal contrasts were performed, one comparing the no disclosure condition to the two disclosure conditions and the other contrasting the two types of disclosure (interpersonal vs. intrapersonal). The multivariate tests of these contrasts confirmed both Hypothesis 1 (F = 1.754, df = 16/213, $p < .04$ and Hypothesis 2 (F = 2335, df = 16/213, $p < .003$). The first of these contrasts yielded six univariate F's reaching statistical significance (all favoring the disclosing therapists; see Table 2), while the second contrast yielded three significant univariate F's (all favoring the intra- vs. interpersonally disclosing therapists; see Table 3).

Insert Tables 2 and 3 about here

The third hypothesis of the study proposed that subjects would report greater likelihood of disclosure to the disclosing therapists than to non-disclosing therapists. Analysis of the univariate contrasts for the item "Would you be likely to share personal information or feelings with this therapist?" supported this hypothesis. Subjects predicted a significantly greater probability of revealing themselves to disclosing than to non-disclosing therapists ($F = 6.938$, $df = 1/228$, $p < .01$). The difference between interpersonal and intrapersonal disclosure on this item was, however, non-significant ($F = .533$, $df = 1/228$, $p < .47$). The effects of sex of therapist and sex of subject were assessed in each of the analyses described above. These variables failed to yield significant main effects or significant interactions for the disclosure variable.

DISCUSSION

Therapist behavior is an obvious critical determinant of the process and outcome of psychotherapy. Even incidential behaviors that may appear inconsequential to therapists may have profound effects on clients and the likelihood of their benefiting from therapy (Yalom & Elkins, 1974). While the psychoanalysts have long warned therapists of the consequences of revealing themselves in any meaningful way to clients, others have, more recently, begun to extol the virtues of genuineness and authenticity on the part of counselors and psychotherapists. The most thoughtful and vocal advocates of therapist self-revelation have been Rogers (1961, 1970), Jourard (1964, 1976), and others of the humanist movement within clinical and counseling psychology. These theorists and clinicians have argued that a more personal, transparent style of intervention by therapists will produce a variety of beneficial effects upon both the process and outcome of psychotherapy.

Among the potential benefits they hypothesize will result from greater therapist disclosure are: (1) Increased client self-disclosure as a result of modeling of this behavior by therapists; (2) Control over the therapeutic relationship is more equally shared by client and therapist (Doster & Brooks, 1974); (3) Better rapport as a result of clients feeling more friendly towards and closer to the therapist; (4) Greater client trust in the therapist and the therapeutic process; (5) Clients' transference misconceptions can be corrected (Jourard, 1971b); (6) Therapist spontaneity and unpredictability are increased, leading to greater beneficial uncertainty in the client (Jourard, 1971).

Many of the empirical findings reported in the literature, primarily from laboratory settings, are consistent with many of these claimed benefits associated with therapist self-disclosure (Bandza & Simonson, 1973; Jourard, 1971a; Jourard & Jaffe, 1970; Powell, 1968; Weigel & Warnath, 1968). There are, however, some writers who have warned therapists against being too willing to reveal themselves in the therapeutic hour. The earliest warnings have come from the psychoanalysts, who argued that only through relative anonymity could the therapist project a blank screen which would allow transference to take place and be interpreted. Although there is little empirical data to support this position, there are a number of study's suggesting other potentially negative consequences of therapist self-revelation. Compared to their less disclosing counterparts, self-disclosing therapists have been found to be perceived as less mentally healthy, more guilty of unprofessional conduct, less relaxed, weaker, and less sensitive (Dies, 1973; Dies & Cohen, 1976; Weigel, Dinges, Dyer, & Straumfjord, 1972; Weigel & Warnath, 1968.

These negative reactions are believed to result from disclosing therapists failing to meet client expectations for appropriate therapist behavior

(e.g., Derlaga, Lovell & Chaikin, 1976.) The media and other portrayals of psychotherapists do not generally prepare clients for a therapist who is willing to reveal details of his/her personal life outside of therapy or for his/her feelings about a client and their relationship. It is not so much the disclosure itself that is believed to elicit negative client evaluations, but rather the extent to which this behavior on the part of the therapist contradicts the client's expectations for "appropriate" therapist behavior (Derlaga, Lovell, & Chaikin, 1976).

The findings of the present investigation are consistent with Jourard's contention that disclosing therapists will beget disclosing clients. Subjects viewing therapists presenting either intrapersonal or interpersonal disclusure reported significantly greater likelihood of disclosure than did subjects viewing a non-disclosing therapist. While such differences in reported likelihood of disclosure by no means guarantees that actual differences in disclosure will in fact occur, research by others (Jourard, 1971b, Simonson, 1976) suggests that such a relationship is likely.

Disclosing therapists were also perceived and evaluated more favorably on a variety of dimensions than their less disclosing counterparts. Specifically, they were seen as warmer, more sensitive and honest, and as possessing a better self-concept (see Table 1). Further, therapists who reveal personal information about their lives outside of therapy (intrapersonal disclosure), particularly concerning ways in which they were like or unlike their clients, were generally evaluated more favorably than therapists whose disclosure was limited to their feelings about the client and/or the therapeutic relationship (interpersonal disclosure). The former were liked better and seen as more understanding and likeable than the latter (see Table 2). There was no evi-

dence of disclosing therapists being evaluated less positively on any of the dimensions than were the non-disclosers.

The picture that emerges from this data is that within the therapeutic context presented in this video-tape vignette, the subjects evaluated more positively those therapists willing to risk sharing themselves with their clients. The dimensions which discriminated significantly the disclosing from non-disclosing therapists concerned the evaluations of the therapist as a person rather than as a therapist; the disclosing therapists were seen as warmer, more likeable, and more understanding. Those items designed to tap subjects' evaluation of the therapist as a professional did not by themselves distinguish the disclosing from the non-disclosing therapists. For example, the univariate F's for the following variables were non-significant: "How good or bad a therapist is this?"; "How likely would you be to seek help from this therapist?"; and "How competent is this therapist?" Also, with the exception of the disclosing therapists being perceived as having a healthier self-concept, there were no other significant univariate differences on variables designed to assess the therapists' emotional stability, including the following items: "How secure/insecure," "mentally healthy/unhealthy," "unstable/stable" is the therapist? The disclosing therapists were perceived as simply "nicer" men or women than were the nondisclosers, therefore, there were no differences in terms of the subject perception of the therapist's competence or of his/her psychological health.

These results are consistent with those of several other investigators (e.g. Bundza & Simonson, 1973) who found clients (subjects) responding more favorably to disclosing than nondisclosing therapists. The concerns raised by some previous investigators (e.g. Dies & Cohen, 1976) were not substantiated by these results. The disclosing therapists were not found to be

rated as less competent or less mentally healthy. The failure to support some of these findings may rest with the specific content of the disclosures offered by the self-revealing therapists in the study. For example, the intrapersonally disclosing therapists revealed ways in which they were like the client or had experienced a similar conflict. However, these therapists also usually indicated they had been able to resolve these problems. For example, at one point in the intrapersonal disclosure script, the therapist offers the following: "It sure sounds like what your parents think about you or say about you is important in determining how you feel. I used to be quite sensitive to what others, especially my parents, thought of me, but I have learned to pay less attention to what others think of me and more attention to what I think of myself." At other times in this script, the therapist discloses by revealing that, through luck or his own efforts, he was able to avoid some problems that the client is experiencing: "I guess I was lucky in that regard. My parents didn't really care what career I chose as long as I went to college." In no instance did the therapist admit or suggest having failed to resolve the kinds of conflicts that the client is experiencing.

In the interpersonal disclosure script, the therapists did not share with the client any strongly negative feelings about him/her or about the therapeutic relationship. Rather, these therapists shared positive feelings towards the client or generally positive expectations for the relationship. For example, at one point in this script the therapist offers the following: "It can be especially difficult when it seems that the people who are closest and most important to you seem to think of you as incompetent or unimportant. I hope you realize that my only expectations for you are those you have for yourself." At another point the therapist says: "You won't be getting any lectures from me. I would like you to be able to explore your future without

the pressure that your parents seem to have generated for you." Still another example is: "I'm sure you're not retarded, but it does bug me to hear you put yourself down like that." Because virtually all of the therapist's interpersonal disclosure is generally of a positive nature, it is not at all clear what the reactions of subjects would have been had these therapists shown less positive feelings towards the clients in their self-revelations.

In summary, the positive evaluations of disclosing therapists were limited to their being perceived as "nicer" people. Further, the extent to which these positive evaluations are a function of the specific content of the therapists' disclosures rather than a response to the process of the therapist disclosure itself is unclear. Continued research will be required to answer these questions. It is clear from these data, however, that therapist disclosure need not produce negative evaluations of therapists and may very well have a variety of positive effects on the process of psychotherapy. Finally, it is somewhat surprising to find no main effects or interactions in any of our analyses attributable to the sex of subject or sex of therapist. The results of previous research on the effects of sex of discloser and target on self-revelation have been mixed (Brooks, 1974; Kohen, 1975a, 1975b). The extent to which the relative weakness of the sex effects seen here is generalizable to therapist disclosure in real therapy settings is unclear.

It would be convenient to be able to point to these results and advise therapists that they should disclose more to their clients to maximize the therapy experience for clients. Clearly such a recommendation would be dramatically premature. We can, however, say that within certain limits, certain types of therapist self-revelation may facilitate a variety of positive effects, including more favorable perceptions of disclosing therapists (i.e. "nice" people) and, perhaps, a greater willingness of clients to disclose.

The issue is far more complex than whether or not a therapist should or should not disclose (Dies & Cohen, 1976; Strassberg, Roback, D'Antonio, & Gable, 1977), but the parameters of these complexities are clearer than before and some more definitive answers may not be far off.

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Table 1

Significant Univariates for Disclosure Factor

Item	F	P
...do you like this therapist...	6.476	.002
How understanding...	4.212	.016
Warm - cold	4.618	.011
Likeable - not likeable	3.592	.029
Insensitive - sensitive	3.305	.038
Would you be likely to share personal information	3.736	.025

Table 2

Significant Univariate Test for Disclosure vs. No Disclosure Contrast

Item	F	P
...do you like this therapist...	5.332	.022
warm - cold	8.317	.004
Healthy self-image - poor self-image	5.029	.026
Insensitive - sensitive	4.624	.033
Dishonest - honest	3.934	.049
Would you be likely to share personal information...	6.938	.009

Table 3

Significant Univariate Tests of Interpersonal Disclosure vs. Intrapersonal Disclosure Contrast

Item	F	P
...do you like this therapist...	7.619	.006
understanding - not understanding	5.225	.023
likeable - not likeable	6.492	.011